07/06/0/



A Reissue

Please type a plus sign (+) inside this box  $\longrightarrow$  X

PTO/SB/50 (02-01)
Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:	Attorney Docket No.		95-1514	<b>⋾</b> €					
Assistant Commissioner for Patents			First Named		R. Beelman	<u> </u>			
	Box Reissue			ent Number ent Issue Date	5,919,507	위			
Washi	ngton, DC 20231	•		Dayl Year)	07/06/99				
			Express Ma	ail Label No.	ET295770948US				
APPLICATION I (Check appli	De	esign <i>Patent</i>	Plant Patent						
APPLICAT	ACCOMPANYING APPLICATION PARTS								
	mittal Form (PTO/ SB/ 56)				us and support for all change	s			
	(Submit an original, and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27.			o tne claims. See Original U.S. Pate	ent for surrender				
	on and Claims in double column coperated, if appropriate)	11. X Original U.S. Patent for surrender  X Ribboned Original Patent Grant							
	(proposed amendments, if appropr	iate)		Statement of Lo	oss (PTO/SB/55)				
					12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)				
6. X Power of A			13. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations						
7. Original U.S. Pat	ent currently assigned? X Yes	No	11/1 /	•	on of Reissue Oath/Declarati	on			
(If Yes, check ap	plicable box(es))			(if applicable)					
	onsent of all Assignees (PTO/SB/53	)	15. X F	Preliminary Amen	dment				
X 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)				Return Receipt Po Should be specif	ostcard (MPEP 503)				
8. CD-ROM or large ta	or CD-R in duplicate, Computer Pro able	17. Othe	1 Eynr	ess Mail Certifi	cate				
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)									
a. Compute									
b. Specification Sequence Listing on: i □ CD-ROM (2 copies) or CD-R (2 copies); <b>or</b> ii □ paper						ヿ			
	nts verifying identity of above copies								
18. CORRESPONDENCE ADDRESS									
Custome	er Number or Bar Code Label	# 1984 V		or 🔽 Com	espondence address below	ī			
	1000	nt Customer No. or Attach	bar code label here)	5.0 P	espondence address below				
Name	J. P. Blasko, Esqu		*						
Address	Fox, Rothschild, 0 Center, 997 Lenox		P, Prince	ton Pike Corpora 08648-2311	te				
City Lawrenceville State		N.J.	Fax	(609) 896-1469	$\neg$				
Country	U.S.A.	Telephone	(609),8	95-6639		$\neg$			
NAME (PrintlType) Ramela A. Ruest				Registration No. (Attorney/Agent) 40,795					
Signature	Hamera A. Ru	(1.//12)	A		July 5, 2001				
		-0-1000)	<u> </u>			,			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.



PTO/SB/56 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

#### REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional) 95-1514

			Cla	ims as	Filed - Part	1				
Claims in			er Filed in		(3)	Small E			Other than a	
Patent	Total Claires	Reissue	Application	1	nber Extra	Rate	Fee		Rate	Fee
(A) 12	Total Claims (37 CFR 1.16(j))	(B) 37		***	* 5 =	x\$ <u>9</u> =	45		x \$=	
(C) 1	Independent claims	(D) 2			1 =	x \$ 40 =	40	or		•
	(37 CFR 1.16(i))		***	<u> </u>					×\$=	
				Basic	Fee (37 Cl	FR 1.16(h))	\$ <u>355</u>			
				To	otal Filing F	ee	<b>\$</b> 440		OR	\$
			Claim	s as Aı	mended - P	art 2				
	(1)		(2)		(3)	Small E	Intity		Other than	a Small Entity
	Claims Remaining		Highest Nu		Extra Claims	Rate	Fee	$\overline{}$	Rate	Fee
	After Amendment		Previous Paid Fo		Present					
Total Claims	***	MINUS	**		* =				v.¢	_
(37 CFR 1.16(j) Independent	***		****			×\$=	-	+	×\$:	=
laims (37 CFR 1.16(i))		MINUS			=	×\$=		4	x \$=	=
					Total A	dditional Fee	\$		OR	\$
*** After any cand **** If "A" is great	cellation of claims. er than 20, use (B - Amber of Independent	\);	s 20 or less, u	se (B -	20).	Write "20" in th			tent (C).	
After any cand """ If "A" is great """ "Highest Nu  Applicant cla  Please char A duplicate The Commiscredit any or	cellation of claims.  ter than 20, use (B - A  mber of Independent  aims small entity state  ge Deposit Account to  copy of this sheet is a  ssioner is hereby aut  verpayment to Depos	A); if "A" is Claims Fus. See 3 No5 enclosed. norized to it Accour	o charge any at No. 50-1	se (B -	20). or Number of	of Independer	nt Claims ne amour	in Pat	\$449.00	
After any cand The After any cand The After any cand The After any cand The Applicant class The Committee any cand The Committee any cand The Aduplicate any cand	cellation of claims.  ter than 20, use (B - A mber of Independent aims small entity state ge Deposit Account N copy of this sheet is a ssioner is hereby aut verpayment to Depos copy of this sheet is a	Claims F us. See 3 No5 enclosed. norized to it Accourenclosed.	20 or less, under the second of the second o	se (B - d For" (	20). or Number of	of Independer in the second of the sec	nt Claims ne amour	in Pat at of _	\$449.00	
After any cand "*** If "A" is great "*** "Highest Nu  Applicant cla  Please char A duplicate The Commiscredit any on A duplicate A check in the	cellation of claims.  er than 20, use (B - A mber of Independent aims small entity state ge Deposit Account to copy of this sheet is e ssioner is hereby aut verpayment to Depos copy of this sheet is e the amount of \$	claims F  Claims F  us. See 3  No5  enclosed.  norized to it Accourtenclosed.	o charge any and No	se (B - d For" (	20). or Number of	of Independer in the second of the sec	nt Claims ne amour	in Pat at of _	\$449.00	
After any cand """ If "A" is great ""Highest Nu Applicant cla Please char A duplicate The Commiscredit any or A duplicate of A check in the	cellation of claims.  ter than 20, use (B - A mber of Independent aims small entity state ge Deposit Account to copy of this sheet is a ssioner is hereby aut verpayment to Depos copy of this sheet is a the amount of \$ credit card. Form PT	A); if "A" is Claims Fus. See 3 No	Previously Pai 7 CFR 1.27. 0-1740 o charge any a at No. 50-	se (B - d For" of	20). or Number of the filtress one pub	of Independer in the state of the stat	nt Claims ne amour 16 or 1.17 fee is en	in Patent of _	\$449.00  th may be required.	uired, or
After any cand """ If "A" is great ""Highest Nu Applicant cla Please char A duplicate The Commiscredit any or A duplicate of A check in the Payment by  WARNI	cellation of claims.  ter than 20, use (B - A mber of Independent aims small entity state ge Deposit Account N copy of this sheet is a ssioner is hereby aut verpayment to Depos copy of this sheet is a he amount of \$ credit card. Form PT  NG: Information uded on this for	A); if "A" is Claims Fus. See 3 No	Previously Pai 7 CFR 1.27. 0-1740 o charge any a at No. 50-	se (B - d For" of	20). or Number of the filtreship of the filtresh	of Independer in the state of the stat	ne amour 16 or 1.17 fee is en card in 1thoriza	in Patient of	\$449.00 th may be required.	uired, or





# Practitioner's Docket No.: 95-1514 PATENT

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

R. Beelman, et al.

Serial No.:

Group No.:

Filed:

July 5, 2001

Examiner:

**F**or:

PRESERVATION COMPOUNDS AND METHODS FOR MUSHROOMS

Assistant Commissioner for Patents Washington D.C. 20231

### **EXPRESS MAIL CERTIFICATE**

"Express Mail"	label number: ET295770948US	
Date of Deposit:	July 5, 2001	

I hereby state that the following attached paper or fee:

- 1 Reissue Patent Application Transmittal
- 1 Fee Transmittal (in duplicate)
- 1 Combined Declaration and Power of Attorney for Reissue
- 1 Small Entity Statement
- 13 Pages of Specifications
- 19 Sheets of Drawings
- 1 Written Consent of All Assignees
- 1 37 C.F.R. Sec. 3.73(b) Statement
- 1 Ribboned Original U.S. Patent
- 1 Preliminary Amendment
- 1 Statement of Claim Status and Support
- 1 Return Postcard

Is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10, on the date indicated above and Is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Typed or printed name of person mailing paper or fee

Signature of person mailing paper or fee

NOTE: The label number need not be placed on each page. It should, however, be placed on the first page of each separate document, such as, a new application, amendment, assignment, and transmittal letter for a fee, along with the certificate of mailing by "Express Mail". Although the label number may be on checks, such a practice is not required. In order not to deface formal drawings, it is suggested that the label number be place on the back of each formal drawing or the drawings be accompanied by a set of informal drawings on which the label is placed.

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Reissue Application of	)
Beelman et al.	)
U.S. Patent No. 5,919,507	)
Issued July 6, 1999	)
Atty Docket No. 95-1514	)

## STATEMENT OF CLAIM STATUS AND SUPPORT

Following entry of the preliminary amendment filed herewith, claims 1 through 37 are pending in the above-captioned reissue application. No change has been made to original claims 1-8 of US Patent No. 5,919,507. New claims 9 through 37 have been added.

Claim 9 is generally supported by the specification at column 1, lines 9-15; column 2, lines 51-54; column 2, line 57 through column 3, line 12; column 3, lines 47-53; column 5, lines 37-42; column 8, line 59 through column 10, line 21; column 12, line 65 through column 16, line 7; Table 1; Tables 5-9; Appendix Tables 1-3; and data set forth in Figs. 1-20. A broadening of the pH range set forth in claim to at least 9.0 is supported at column 1, line 9-15, (pH 9.0 or above), column 8, lines 59-62 (pH 11 or higher); and column 12, line 65 through column 13, line 34. The pH range of 10.5 to 11 claimed in claim 10 is supported at column 2, lines 51-53; and column 3, lines 21-22.

Claim 11 to the use of a browning inhibitor in the pH neutralizing solution is supported at, inter alia, column 2, line 66 through column 3, line 2; and column 10, line 25 through column 11, line 61. The use of erythorbic acid and sodium erythorbate, either alone or in combination, as set forth in claims 12-15 is supported at column 8, line 59 through column 10, line 21, and

Table 1. Column 9, lines 9-14 supports the use of these compositions alone in the pH-neutralizing solution.

Claims 16 through 21 and the use of EDTA and calcium chloride in the pH-neutralizing solution is supported at column 10, line 22 through column 11, line 61, and Tables 3 and 4.

Claim 22 and the use of water as the pH-neutralizing solution is supported, inter alia, at column 9, lines 4-8.

Claims 23 through 37 and the use of sodium bicarbonate and tribasic sodium phosphate in the antimicrobial buffer solution is supported at column 8, line 56 through column 10, line 21; column 13, line 50 through column 14, line 11; and Appendix Tables 1-3.

It will be understood that other portions of the specification not particularly set forth in this statement may also support the newly added claims.

Respectfully submitted,

Livinia/Jones

Attorney for Applicants

McQuaide, Blasko, Schwartz, Fleming and Faulkner, Inc.

800 University Drive

State College, PA 16801

Tel: (814) 238-4926